

2
42
17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18161

State File No. _____

JUN 10 1943

Registration District No. 756

Primary Registration District No. 2001

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 907 W. 2nd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6yrs.
years, months or days

3. (a) PRINT FULL NAME Doralee Valdona Wilbert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 2nd. 1926
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
16 8 13 hr. min.

9. Birthplace Pontiac Mich.
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business _____

12. Name John Wilbert

13. Birthplace Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Lola Nimmo

15. Birthplace Prosperity, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mother

(b) Address 907 W. 2nd. Joplin

17. (a) Burial (b) Date thereof 5/18/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Cem.

18. (a) Signature of funeral director Parker-Hunsaker

(b) Address Joplin, Missouri

19. (a) 5-18-43 (b) Arthur D. Dierhauer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 907 W. 2nd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1943 hour 8 minute 0 P.M.

21. I hereby certify that I attended the deceased from 12-2-42, 19, to 5-15-43, 19,
that I last saw him alive on 5-15-43, 19,
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage of Left cerebral
vascular Brain tumor Duration 1 day
Due to Symptoms from tumor - about 1 yr.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(c) Means of injury with hammer
23. Signature Arthur D. Dierhauer (M. D. or other)
Date signed 5/18/43

41-5-46P

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2319

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 283

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community _____ years, months or days)

3. (a) PRINT FULL NAME Dorothy V. Walker
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 2 1924 (Month) (Day) (Year)

8. AGE: Years 16 Months 8 Days 13 (If less than one day)
9. Birthplace Mich (City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____ (b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____
19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____ Year _____ Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Removal of left cerebral vascular Brain tumor
Due to Probably benign
Due to Lymphatic infection
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 57d
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

Dr. Moody Howa
Joplin, Mo

S-18.161